

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10735853

FILING DATE

APPLICANT(S)

6/15/04 & 6/14/04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3			2			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14	*		1			
15						
16			2			
17			1			
18			1			
19	*		1			
20	*		1			
21			1			
22			1			
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49						
50						
TOTAL IND.			13			
TOTAL DEP.			18			
TOTAL CLAIMS			31			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS						